

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Halle</i>		<i>06-05-01</i>
O.I.P.E. CLASSIFIER	<i>SD</i>		<i>6/7/01</i>
FORMALITY REVIEW	<i>MW</i>	<i>920</i>	<i>07-30-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	<i>8/4/01</i>
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	0
25	✓
26	✓
27	✓
28	✓
29	✓
30	0
31	✓
32	0
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	<i>8/4/01</i>
51	✓
52	✓
53	✓
54	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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*530*  
*0730-01*